

Department of Social Services Jessica Adams, Interim Director

Request for Qualifications (RFQ): FY21-01

Title: Non-Emergency Medical Transportation

**General Description:** Provider shall be available to provide weekday, after hours and, weekend transportation for all Medicaid Covered Services. Federal funds are being used in this procurement.

**Fund Source:** All proposers must comply with all applicable federal and state laws, regulations, executive orders, and, conditions of the identified funding source.

**Awards:** The Department of Social Services intends to award a Primary and Secondary contract for a renewable yearly term for up to five years.

Date Issued: April 1st, 2020

Questions Due Date: April 15<sup>th</sup>, 2020 Response Due Date: April 30<sup>th</sup>, 2020

Responses to this RFQ may be submitted electronically or in person to:

Jones County Department of Social Services C/O Scott A. Showalter Jr., Administrative Officer 418 NC Hwy 58N, Trenton, NC 285855

All questions or responses should be directed to both:

Ashowalter@jonescoutnync.gov and Aharvell@jonescountync.gov

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418 NC Hwy. 58N Unit D Trenton, NC 28585 Phone: 252-448-2581 Fax: 252-448-5651

# Jones County Department of Social Services Request for Qualifications for Non-Emergency Medicaid Transportation Services

The Jones County Department of Social Services is requesting proposals from qualified contractors to provide qualifications for Non-Emergency Medicaid Transportation (NEMT) services.

# **Scope of Work and Requirements**

### Service

The selected contractor shall have the duty and responsibility to transport Medicaid beneficiaries to and from covered services.

# Requirements

- 1. Contractor has to certify that all drivers have a valid driver's license.
- 2. Contractor is to certify that all vehicles are properly inspected and registered.
- 3. Contractor is expected to provide vehicles that are deemed safe and clean by industry standards.
- 4. Contractor has to have an Alcohol and Drug Testing Policy that meets the requirements of the Federal Transit Authority (FTA).
- 5. Contractor has to perform criminal background checks on all employees and volunteers with the following violations disqualifying eligibility for employment if committed within a 10 year period preceding the date of the background check:
  - a. Murder.
  - b. Rape or aggravated sexual abuse,
  - c. Kidnapping or hostage taking,
  - d. Assault inflicting serious bodily injury,
  - e. Federal crime of terrorism,
  - f. Unlawful possession, use sale, distribution or manufacture of an explosive device,
  - g. Unlawful possession, use sale, distribution or manufacture of a weapon,
  - h. Elder abuse/exploitation,
  - i. Child abuse/neglect,
  - j. Illegal sale or possession of a Schedule I or II controlled substance,

- k. Conspiracy to commit any of the above.
- 6. Contractor must furnish information to allow the county to complete the Medicaid/Medicare Vendor Exclusion Inquiries prior to entering into a contractual agreement to provide NEMT services by filling out form DMA 5124.
- 7. Contractor has an obligation that no more than one percent of all trips be missed by the vendor (vendor-no show) during the course of the contract year.
- 8. Contractor has an obligation to meet on-time performance standards such that no more than five percent (5%) of trips should be late for beneficiary drop off to their appointment per month (past the beneficiary's appointment time).
- 9. Contractor has an obligation to provide names of all owners, managers, management entities, and subcontractors.
- 10. Contractor has an obligation to disclose the name of any individual who has ownership or control interest in the vendor, or is an agent or managing employee of the vendor, who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or CHIP since the inception of those programs.
- 11. Contractor has an obligation to furnish, within 35 days of the date on a request, full and complete information related to business transactions about:
  - a. The ownership of any subcontractor with whom the vendor has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
  - b. Any significant business transactions between the vendor and any wholly owned supplier, or between the vendor and any subcontractor, during the 5-year period ending on the date of the request.
- 12. Contractor has an obligation to report any changes such as insurance provider, business ownership or management or exclusion from participation in Medicare;
- 13. Contractor has an obligation to allow monitoring of records to ensure all contract requirements are met;
- 14. Contractor has an obligation to report all no-shows on a daily basis and cancellations on a monthly basis; (No shows should be reported in a daily email).
- 15. Contractor has an obligation to have written policies regarding how drivers handle and report incidents, including client emergencies, vehicle breakdowns, accidents and other service delays.
- 16. Contractor is obligated to remain registered as a NEMT Provider in NC Tracks. If the vendor fails to remain registered as an NEMT vendor, this contract is rendered void.
- 17. Contractor is required meet statutory insurance requirements for their classification and operator responsibilities. Currently, \$1.5 million liability insurance coverage is required on vehicles with a seating capacity of 15 passengers or less and \$5 million coverage for vehicles designed to transport more than 15 passengers, including the driver.

18. Contractor must notify the County a minimum of 30 days prior to dropping statutory insurance requirements.

## **Details of Billing process and Time Frames**

- 1. Contractor has an obligation to use the provided transportation billing codes on invoices to the county DSS for reimbursements.
  - a. Use billing code A0120 for ambulatory passengers.
  - b. Use billing code A0130 for wheelchair passengers.
  - c. Include Medicaid client ID numbers on invoices.
- 2. Contractor should bill for periods designated a calendar month and should be presented to the DSS agency within 10 business days of the end of the billing cycle.
- 3. County has an obligation to pay vendor within 30 days of the receipt of the bill with the exception of direct billing through NC Tracks.
- 4. Contractor is required to submit billing through NC Tracks.
- 5. Contractor is obligated to obtain permission from DSS regarding any deviations from requested NEMT trips.
- 6. Contractor should not bill DSS/NEMT for the following:
  - a. Deadhead miles (mileage occurring before passenger(s) are on the vehicle.
  - b. Trips not properly authorized by DSS staff.
  - c. Trips that are properly requested but the vendor is unable to get client(s) to NEMT appointments (due to picking up client late).

Area to be served/Delivery site(s): Jones County with NEMT trips delivered to Craven, Onslow, Lenoir, Pitt, New Hanover, Wake, Durham, Orange, Carteret, Beaufort and Duplin Counties.

### Response:

Jones County Department of Social Services will receive written responses until 5:00 PM on April 30<sup>th</sup>, 2020. Responses received after this time will not be accepted. Responses should be concise and address the objectives requested by the County.

All respondents to the Request for Qualifications shall address the following, as a minimum and should conform to the numbering system used below:

- 1. Contact information of the designated contact person to include the following: Name, Mailing Address, Physical Address, E-Mail Address and, phone number.
- 2. Statement substantiating the organization's understanding of the duties, expectations and, assignments being requested.
- Identify all key personnel assigned to perform the services outlined in this RFQ
- 4. Any past or present conditions which could constitute a conflict of interest.
- 5. Describe organization's policies, procedures and, plans to ensure quality services
- 6. Organization's flexibility in responding to immediate needs that arise.
- 7. Please provide a reference from organizations that have received similar services to those outlined in this request.
- 8. Provide you proposed fee schedule for service and hours of operation.
- 9. Describe your organization's billing practices including ability to meet Non-Emergency Transportation Billing Requirements.
- 10. Limits of Insurance
- 11. Any judgments within the last three (3) years in which Respondent has been adjudicated liable. If any exist, please explain.

### Medicaid Transformation Notice:

Medicaid Transformation is currently paused and awaiting implementation by the North Carolina Department of Health and Human Services due to budgetary constraints. If and when this change occurs, Jones County ridership may decrease. Any contract entered into with Jones County DSS does not in any way guarantee a contract with a managed care entity.